

45145 W. Madison Ave. P.O. Box 610 Maricopa, AZ 85139 Ph: 520.568.9098 Fx: 520.568.9120 www.maricopa-az.gov

USE THIS APPLICATION IF YOUR BUSINESS IS LOCATED OUTSIDE OF OUR CITY LIMITS

BUSINESS LICENSE FEES MUST ACCOMPANY APPLICATION For questions pertaining to this application, please call the Clerk Department at 568-9098

Please Read Carefully Incomplete Applications Will Not Be Processed

- Please type or print. Answer each question. If the questions are not applicable, put "N.A." in the appropriate space.
- Attach a copy of your Arizona Transaction Privilege (Sales) Tax (TPT) License, if your type of business is required to collect and remit sales tax. If The City of Maricopa is not included on your current TPT license as a program city, you must contact the Arizona Department of Revenue at (602) 542-4576. (See bottom for fee schedule).
- If you are a Contractor, please attach a copy of your Arizona State Contractor's License.
- This license will be issued within 10-15 working days.
- Issuance of a Business License by the City of Maricopa shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject.

CITY OF MARICOPA BUSINESS LICENSE FEES SCHEDULE

The annual Business Transaction Fee is \$50.00. The fee is prorated to $\frac{1}{2}$ a year. All licenses applied for after the month of June will be \$25.00*. All licenses expire December 31 of each year.

| January \$50.00 |) |
|-----------------------|---|
| February \$45.83 | ; |
| March \$41.67 | |
| April \$37.50 |) |
| May \$33.34 | Į |
| June \$29.17 | |
| July-December \$25.00 |) |

ARIZONA DEPARTMENT OF REVENUE FEES

The Arizona Department of Revenue has made it possible for you to apply and pay for a Transaction Privilege Tax License online at www.aztaxes.gov. At the end of the process you will be able to print a signature card which you then will attach to your City of Maricopa Business License Application. You can print a copy of their application at www.revenue.state.az.us/tpt forms.htm. For more information you may contact the Arizona Department of Revenue at



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OUT OF TOWN BUSINESS LICENSE APPLICATION

| Check One: () New Business () Existing Business () Change of Ownership () Location Change () Business Name Change () Other: | | | | | | | | | | | |
|--|--------------|---------------------------|-----------------|-------------|------------------|-----------------------------------|--------------|-----------------------|---------------------|---------------------|--|
| SECTION I. BUSINESS INFORMATION | | | | | | | | | | | |
| Business Nam | ie: | | | | | | | | | | |
| Physical Addr | ess: | | | | | | | | | | |
| City: | | | | | Sta | te: | | Zip Cod | de: | | |
| Mailing Addre | ess: | | | | | | | | | | |
| City: | | | | | Sta | te: | e: Zip Code: | | | | |
| Phone Number: Email Address: | | | | | | | | | | | |
| AZ Transaction Privilege Tax License Number *: Contractor License Number *: | | | | | | | | | | | |
| Business Type: () Retail Sales () Wholesaler () Amusement () Construction Contracting () Restaurant/Bar () Manufacturer () Commercial Rental () Residential Rental (# of Units) () Hotel/ Motel () Service () Other | | | | | | | | | | | |
| Describe Nature of Business: | | | | | | | | | | | |
| *Must Include a Copy of License(s) | | | | | | | | | | | |
| SECTION II. APPLICANT INFORMATION | | | | | | | | | | | |
| | 1) | | | | | | | | | | |
| Owners, Par LLC Membe | | Owner or Corporation Name | | | | | Title | | | | |
| Officers (For Additional Names, Please Attach | | Home A | Address | ; | | | City | | State | Zip Code | |
| Tieuse rittuen | 2) | Name | | | | | | | Ti | itle | |
| Home Ado | | | | | | | City | | | Zip Code | |
| Check one: | Do you | own you | r busine | ess locatio | on? () Yes | () No If no, c | ompl | ete Landlor | d/ Property I | Manager Information | |
| Landlord/ Property Manager: Name | | | | | | Address | | | 1 3 | Phone No. | |
| I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed. | | | | | | | | | | | |
| Print Name | | | | nature | - Puj unj und di | Title | | | 101110 11111 1101 1 | Date | |
| License Fee | ee Receipt # | | License # Zonii | | FOR OF Zoning | R OFFICE USE ONLY Fire Department | | ding Safety Comments: | | | |